Elevator Operator Licensing Program
Renewal Application

To expedite your renewal, we encourage you to renew online at ebiz.mt.gov/pol

Elevator Operator/Contractor Licenses expire on April 1

Renewal Fees:

- Elevator Operators (all classes except contractors) - $150
- If renewing after April 1, a late fee of an additional $150 will be required

- Elevator Contractors - $600
- If renewing after April 1, a late fee of an additional $600 will be required

Licensee Information:

License Number: _____   Email: _____

Name: _____   Phone: _____
             (First)   (Last)

Please provide any _change_ in address: _____

Renewal Instructions:

1. Mail the _signed_ renewal application and fee to the Bureau
2. Make check or money order payable to: Elevator Operator Program, PO Box 200513, Helena, MT 59620-0513
3. A late fee (100% of the renewal fee) will be assessed if the renewal is not complete and postmarked on or before April 1
4. Licenses that have not been renewed for more that two (2) years are terminated and cannot be renewed
5. All renewal fees are non-refundable, and late fees will not be waived

Military Exemption: See 37-1-138 MCA for activated military reservists.

Elevator Operators:

You are not required to send in your CE certificate(s) with this renewal

Continuing Education Statement:
I understand I have a recurring duty to comply with the continuing education requirements established by ARM 24.141.2103(3), and that I may be audited for compliance with these

requirements. If I am found to be out of compliance with these requirements, I understand failure to obtain the requisite education hours is grounds for license suspension or revocation.

<u>Elevator Contractors:</u>

 *** Commercial and liability insurance and workers compensation must be current***

I understand I have a duty to report legal or disciplinary action(s) taken against me that relates to my fitness to practice the profession occupation, and that failure to report the action or filing false information is grounds for license revocation.

Licensee Signature: _____   Date: _____